

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875).

SERIAL NO.

10/582655  
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/		/		
2	/		/		/		
3	2		2		2		
4	2		2		2		
5	2		2		2		
6	2		2		2		
7	2		2		2		
8	1		1		1		
9	0		0		1		
10	0		0		1		
11	0		0		1		
12	0		0		1		
13	0		0		1		
14	0		0		1		
15	0		0		1		
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TOTAL IND.	2		2		2		
TOTAL DEP.	19		19		19		
TOTAL CLAIMS	19		19		19		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							